SERVICE CATEGORY	PA-OAS	PA-AB	PA-ATD	PA-AFDC	LT-OAS	LT-AB
PHYSICIANS	\$38,380,870	\$8,636,490	\$329,674,540	\$65,439,840	\$3,513,990	\$94,000
OTHER MEDICAL	\$70,467,080	\$15,872,150	\$457,499,510	\$172,271,650	\$6,250,540	\$365,790
COUNTY OUTPATIENT	\$1,185,770	\$548,060	\$22,814,500	\$4,374,610	\$95,930	\$110
COMMUNITY OUTPATIENT	\$22,580,310	\$4,285,350	\$182,560,020	\$35,332,110	\$1,333,540	\$18,130
PHARMACY	\$86,918,870	\$21,779,120	\$1,078,682,520	\$84,666,880	\$80,817,630	\$342,670
COUNTY INPATIENT	\$5,039,110	\$1,475,390	\$107,275,570	\$21,567,810	\$1,192,860	\$0
COMMUNITY INPATIENT	\$154,367,550	\$26,333,180	\$911,394,820	\$203,593,650	\$18,694,660	\$153,860
NURSING FACILITIES	\$430,012,760	\$28,430,630	\$661,703,480	\$3,326,900	\$1,851,044,170	\$7,825,330
ICF-DD	\$330,310	\$10,412,890	\$192,120,760	\$1,313,950	\$15,415,510	\$3,554,960
MEDICAL TRANSPORTATION	\$16,133,550	\$5,137,940	\$58,901,870	\$5,139,210	\$4,646,650	\$171,730
OTHER SERVICES	\$311,946,380	\$18,373,460	\$361,579,730	\$41,624,310	\$57,743,740	\$284,020
HOME HEALTH	\$181,030	\$14,220,810	\$101,861,750	\$3,266,980	\$700	\$0
FFS SUBTOTAL	\$1,137,543,600	\$155,505,480	\$4,466,069,060	\$641,917,910	\$2,040,749,890	\$12,810,580
DENTAL	\$34,971,450	\$2,142,160	\$78,726,640	\$111,853,290	\$4,327,340	\$25,810
TWO PLAN MODEL	\$14,024,560	\$5,742,780	\$447,083,100	\$931,221,590	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$122,771,220	\$12,940,650	\$425,531,460	\$152,536,140	\$172,199,060	\$754,900
GEOGRAPHIC MANAGED CARE	\$4,070,740	\$1,160,000	\$89,334,030	\$135,665,440	\$0	\$0
PHP & OTHER MANAG. CARE	\$64,495,370	\$3,966,650	\$171,124,380	\$11,345,950	\$0	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$19,237,800	\$0	\$0
MEDICARE PAYMENTS	\$1,054,012,370	\$51,588,730	\$1,555,910,960	\$0	\$149,585,590	\$1,570,410
STATE HOSP./DEVELOPMENTAL CNTRS.	\$1,055,070	\$1,992,570	\$80,124,000	\$4,729,800	\$4,376,990	\$782,680
MISC. SERVICES	\$454,878,030	\$27,863,380	\$1,764,875,080	\$1,427,890	\$410	\$0
NON-FFS SUBTOTAL	\$1,750,278,820	\$107,396,920	\$4,612,709,650	\$1,368,017,890	\$330,489,390	\$3,133,800
TOTAL DOLLARS (1)	\$2,887,822,420	\$262,902,400	\$9,078,778,720	\$2,009,935,810	\$2,371,239,280	\$15,944,380
ELIGIBLES ***	390,900	24,200	899,100	1,258,000	47,300	200
ANNUAL \$/ELIGIBLE	\$7,388	\$10,864	\$10,098	\$1,598	\$50,132	\$79,722
AVG. MO. \$/ELIGIBLE	\$616	\$905	\$841	\$133	\$4,178	\$6,643

<sup>(1)</sup> Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

Excluded policy changes: 32. Refer to page following report for listing.

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<sup>\*\*\*</sup> Eligibles include the estimated impact of eligibility policy changes.

SERVICE CATEGORY	LT-ATD	MN-OAS	MN-AB	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$6,685,640	\$59,388,180	\$572,320	\$62,097,150	\$286,282,440	\$34,287,500
OTHER MEDICAL	\$6,434,920	\$77,937,700	\$1,659,460	\$108,033,730	\$404,964,380	\$67,816,940
COUNTY OUTPATIENT	\$275,920	\$4,673,470	\$52,450	\$8,860,010	\$20,078,860	\$2,312,670
COMMUNITY OUTPATIENT	\$1,267,830	\$22,463,000	\$143,140	\$29,670,720	\$101,295,560	\$13,762,030
PHARMACY	\$18,351,940	\$105,046,080	\$621,970	\$113,095,010	\$165,816,740	\$30,361,060
COUNTY INPATIENT	\$12,736,740	\$17,006,400	\$336,970	\$100,113,960	\$160,070,090	\$14,019,300
COMMUNITY INPATIENT	\$33,251,820	\$101,803,220	\$1,607,080	\$234,851,460	\$994,300,200	\$94,626,820
NURSING FACILITIES	\$473,392,860	\$208,620,500	\$1,717,580	\$75,752,780	\$21,177,910	\$9,533,280
ICF-DD	\$182,288,390	\$4,540	\$0	\$7,761,790	\$876,280	\$2,357,370
MEDICAL TRANSPORTATION	\$2,260,550	\$11,122,370	\$404,770	\$14,758,510	\$12,296,130	\$1,642,290
OTHER SERVICES	\$11,937,680	\$90,442,560	\$251,620	\$51,639,470	\$99,306,590	\$10,976,230
HOME HEALTH	\$57,120	\$843,400	\$2,230	\$46,291,540	\$7,613,990	\$6,647,080
FFS SUBTOTAL	\$748,941,410	\$699,351,430	\$7,369,590	\$852,926,130	\$2,274,079,160	\$288,342,570
DENTAL	\$1,324,870	\$18,161,400	\$51,840	\$10,333,510	\$263,121,310	\$21,138,840
TWO PLAN MODEL	\$0	\$17,556,740	\$0	\$23,799,250	\$1,741,179,030	\$31,640,320
COUNTY ORGANIZED HEALTH SYSTEMS	\$70,563,080	\$72,964,230	\$240,950	\$72,550,240	\$353,588,680	\$17,517,000
GEOGRAPHIC MANAGED CARE	\$0	\$2,277,010	\$0	\$4,537,460	\$163,550,770	\$3,504,180
PHP & OTHER MANAG. CARE	\$0	\$33,551,600	\$76,860	\$22,477,160	\$26,274,630	\$2,000,270
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$44,775,230	\$3,595,870
MEDICARE PAYMENTS	\$32,743,850	\$260,777,320	\$1,570,410	\$166,625,370	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$205,749,990	\$90,260	\$240,690	\$1,742,110	\$5,216,870	\$3,069,110
MISC. SERVICES	\$120	\$235,216,140	\$671,410	\$232,464,290	\$3,344,570	\$267,110
NON-FFS SUBTOTAL	\$310,381,910	\$640,594,710	\$2,852,150	\$534,529,390	\$2,601,051,100	\$82,732,690
TOTAL DOLLARS (1)	\$1,059,323,320	\$1,339,946,140	\$10,221,740	\$1,387,455,520	\$4,875,130,260	\$371,075,260
ELIGIBLES ***	14,800	224,800	600	122,000	2,976,600	245,600
ANNUAL \$/ELIGIBLE	\$71,576	\$5,961	\$17,036	\$11,373	\$1,638	\$1,511
AVG. MO. \$/ELIGIBLE	\$5,965	\$497	\$1,420	\$948	\$136	\$126

<sup>(1)</sup> Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

Excluded policy changes: 32. Refer to page following report for listing.

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<sup>\*\*\*</sup> Eligibles include the estimated impact of eligibility policy changes.

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$5,787,980	\$498,560	\$27,450,040	\$173,526,870	\$3,445,070	\$4,071,910
OTHER MEDICAL	\$5,276,900	\$841,340	\$40,702,320	\$170,326,800	\$14,167,170	\$6,809,040
COUNTY OUTPATIENT	\$440,330	\$72,510	\$2,642,730	\$6,028,580	\$305,780	\$256,830
COMMUNITY OUTPATIENT	\$1,749,980	\$107,710	\$8,131,280	\$27,712,110	\$2,344,180	\$2,313,880
PHARMACY	\$4,827,030	\$536,270	\$13,416,630	\$14,870,020	\$3,446,930	\$2,750,820
COUNTY INPATIENT	\$2,904,900	\$22,730	\$37,734,310	\$41,301,060	\$612,050	\$1,340,520
COMMUNITY INPATIENT	\$19,070,000	\$420,480	\$93,647,160	\$328,998,510	\$9,037,950	\$12,215,560
NURSING FACILITIES	\$32,267,450	\$0	\$22,476,530	\$0	\$0	\$0
ICF-DD	\$1,647,650	\$0	\$713,910	\$0	\$0	\$0
MEDICAL TRANSPORTATION	\$483,530	\$10,500	\$2,760,300	\$1,760,690	\$263,630	\$221,950
OTHER SERVICES	\$1,119,230	\$76,380	\$2,353,220	\$7,047,540	\$3,703,230	\$2,896,240
HOME HEALTH	\$54,020	\$2,140	\$183,620	\$873,440	\$633,400	\$533,490
FFS SUBTOTAL	\$75,629,000	\$2,588,620	\$252,212,050	\$772,445,610	\$37,959,400	\$33,410,250
DENTAL	\$438,760	\$529,000	\$148,750	\$140,720	\$7,806,600	\$8,133,890
TWO PLAN MODEL	\$2,474,570	\$1,030,030	\$0	\$66,841,410	\$35,655,640	\$27,399,970
COUNTY ORGANIZED HEALTH SYSTEMS	\$4,953,170	\$258,110	\$3,480,150	\$16,902,810	\$20,037,450	\$11,391,710
GEOGRAPHIC MANAGED CARE	\$284,980	\$84,330	\$0	\$6,315,090	\$9,166,630	\$60,663,870
PHP & OTHER MANAG. CARE	\$39,020	\$1,000	\$0	\$1,545,280	\$860,060	\$662,390
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,633,680	\$1,213,420
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$158,000	\$31,900	\$307,440	\$392,080	\$0	\$3,309,440
MISC. SERVICES	\$4,530	\$0	\$0	\$180,550	\$23,440	\$18,050
NON-FFS SUBTOTAL	\$8,353,030	\$1,934,380	\$3,936,350	\$92,317,930	\$75,183,500	\$112,792,740
TOTAL DOLLARS (1)	\$83,982,030	\$4,523,000	\$256,148,390	\$864,763,540	\$113,142,900	\$146,202,980
ELIGIBLES ***	4,400	2,100	69,600	196,600	105,300	82,600
ANNUAL \$/ELIGIBLE	\$19,087	\$2,154	\$3,680	\$4,399	\$1,074	\$1,770
AVG. MO. \$/ELIGIBLE	\$1,591	\$179	\$307	\$367	\$90	\$148

<sup>(1)</sup> Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

Excluded policy changes: 32. Refer to page following report for listing.

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<sup>\*\*\*</sup> Eligibles include the estimated impact of eligibility policy changes.

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$1,109,833,400
OTHER MEDICAL	\$1,627,697,430
COUNTY OUTPATIENT	\$75,019,100
COMMUNITY OUTPATIENT	\$457,070,870
PHARMACY	\$1,826,348,170
COUNTY INPATIENT	\$524,749,780
COMMUNITY INPATIENT	\$3,238,367,980
NURSING FACILITIES	\$3,827,282,130
ICF-DD	\$418,798,320
MEDICAL TRANSPORTATION	\$138,116,170
OTHER SERVICES	\$1,073,301,630
HOME HEALTH	\$183,266,750
FFS SUBTOTAL	\$14,499,851,740
DENTAL	\$563,376,180
TWO PLAN MODEL	\$3,345,649,000
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,531,181,000
GEOGRAPHIC MANAGED CARE	\$480,614,550
PHP & OTHER MANAG. CARE	\$338,420,620
EPSDT SCREENS	\$70,456,000
MEDICARE PAYMENTS	\$3,274,385,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$313,369,000
MISC. SERVICES	\$2,721,235,000
NON-FFS SUBTOTAL	\$12,638,686,360
TOTAL DOLLARS (1)	\$27,138,538,090
ELIGIBLES ***	6,664,700
ANNUAL \$/ELIGIBLE	\$4,072
AVG. MO. \$/ELIGIBLE	\$339

<sup>(1)</sup> Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

Excluded policy changes: 32. Refer to page following report for listing.

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<sup>\*\*\*</sup> Eligibles include the estimated impact of eligibility policy changes.

### **EXCLUDED POLICY CHANGES: 32**

1	FAMILY PLANNING INITIATIVE
2	BREAST AND CERVICAL CANCER TREATMENT
3	CHDP GATEWAY - PREENROLLMENT
4	BRIDGE TO HFP
6	BCCTP RETROACTIVE COVERAGE
7	MEDI-CAL TO HF ACCELERATED ENROLLMENT
22	CDSS SHARE OF COST PAYMENT FOR IHSS
51	HOSP FINANCING - DPH AND NDPH DSH PMT
56	HOSP FINANCING - SAFETY NET CARE POOL
58	HOSP FINANCING - PRIVATE DSH REPLACEMENT
59	DSH PAYMENTS
61	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT
62	CAPITAL PROJECT DEBT REIMBURSEMENT
64	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
66	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIA
67	MEDI-CAL TCM PROGRAM (Misc. Svcs.)
70	FFP FOR LOCAL TRAUMA CENTERS
72	CERTIFICATION PAYMENTS FOR DP-NFS
74	HOSP FINANCING - DISTRESSED HOSPITAL FUND
77	L.A. COUNTY MEDICAID DEMO. PROJ. (Misc. Svcs.)
81	HEALTHY FAMILIES - CDMH
85	DSH OUTPATIENT PAYMENT METHOD CHANGE
86	MINOR CONSENT SETTLEMENT
88	VOLUNTARY GOVERNMENTAL TRANSFERS
89	SRH OUTPATIENT PAYMENT METHOD CHANGE
92	HOSP FINANCING - NDPH SUPPLEMENTAL PMT
119	CANTWELL MEDICAL PHARMACY AUDIT SETTLEMT
123	SERONO AND U.S. AFFILIATES SETTLEMENT
126	FAMILY PACT DRUG REBATES
141	HOSP FINANCING - CCS AND GHPP
143	HURRICANE KATRINA SECTION 1115 WAIVER
148	MEDI-CAL/HE BRIDGE PERFORMANCE STANDARDS

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